

Hi Shakira

My concern and feedback for EG worked there on Thursday morning in the lockdown area called area 3.

For the whole 8hr shift no cleaner came to clean the area . Patients toilets were dirty there was urine in the bathroom floor soiled toilet paper laying in the bathroom floor.

Rubbish bins were overflowing used yellow gowns, mask, hand gloves and used tissues.

Rubbish bins not being emptied till after lunch time we reminded the R/N in charge several times.

Skip bins with patients laundry, hospital linen and smelly dirty incontinent pads were apparently were from pm shift full and not taken care of. Hca who worked with me in the am shift worked pm on Wed said the skip bins were full from pm shift not being emptied. No hand basin to wash our hands very important.

We were asked to monitor patients vitals there was no medi wipes to wipe monitors between patients.

We raised our concern to the R/N she said she knows she will sort something however nothing was done for the 8hrs.

Not a good healthy environment for our staff to work in we could be spreading germs rather containing it. I believe the standard of care is very poor.

I was asked to work there again on Sat am shift I declined it for this reasons.

Thank you



Hello 

As you know I have been working in Ellerslie Gardens for almost two weeks doing mostly evenings and some nights too. I wanted to mention / feedback about some things that might be great if they are worked upon.

It has been a tough time for them and they have overcome a lot of obstacles already however it may be worthwhile if some of these factors are also considered:

- * There is inadequate wound documentation or follow up of wounds mentioned on the wound register i.e. some wounds are possibly healed and some are being done already but not mentioned as done.

- * Some residents have IDCs which may be due for a change but missed as no clear timelines documented?

- * Falls monitoring forms can have the recommended routine for monitoring on them as per the guidelines so it is implemented at the stipulated times.

- * Cleanliness in my opinion is compromised during these times as many residents are incontinent and tend to dirty the floor/ carpets before reaching the toilet. Since the cleaners are not available these days the area stays dirty and has now started stinking in multiple rooms of the isolation (wing 3).

- * It would be a good idea to incorporate due tasks/ details into the handover sheet as we do in ACH every shift. RNs should have access to the handover sheet and update the same as per needs.

- * Due to the continued isolation, multiple residents have not had a chance to talk to or see their loved ones, maybe a video call facility during these times may be set up for those who would like to avail such services?

- * Possibly the activities coordinator can have an allocated number of residents each day to spend one on one time with, these residents do need someone to talk to and vent their feelings. I am not sure if that can be done however any amount of quality time would be helpful for them.

Overall, it has been a huge challenge for the whole of the team and I can clearly see how hard the oncoming leaders have taken it up with great enthusiasm are evidently working day and night to make things better for everyone. These suggestions are just to help them out in their endeavours if at all.

Kind regards,



Hi 

In the five days I have been in EG, I have concluded that our elderly deserved a better standard of care. Over this time when they are also vulnerable and fragile to COVID19.

Please find below a few points I decided to share with you and with ADHB management if that is possible.

1. the infection control measures in this place is absolutely poor in fact, there is not places around the residents or outside in the corridor to be able to wash the hands, in some residents rooms there is places to do that however, there is not soap or paper towels at all.

using hand sanitizer all the time become ineffective after some time and we could become vulnerable to carry bacteria and get infection, then the risk to pass infection onto the residents.

2. The closed area in EG due to COVID has not been cleaned for some time. and I was in tears one day after I finished my shift, seeing a very upset resident mentioned to me that the place stinks and he was unable to leave his room not even for a short walk with the contact precautions or distance precautions because the lack of staff who could come with him for a fresh air.

3. It also came to my attention that most of the HCA were not qualified and they did not have any idea about the importance of toileting the residents regularly, assessment of pain, or CPR. in fact, there was a staff taking observation on some residents but the numbers were not accurately correct. We totally understand that over this period we would need to cover the permanent staff however, in the future it should be only those qualified or capable people who could look up after our elderly.

4. I noticed there are some residents whose family wish them to be resuscitated in case of any cardio arrest however, I noticed there is not a crash trolley.

5. I really feel sorry for those residents who have to wait for a very long time because there is not enough HCA who could take them to the toilet, change the nappies, or feed them on time or without rushing. in fact, I worked in wing two a very heavy area of residents where most of them needed to be hoist or using standing machine and full cares and there were only two HCA for a big number of residents with that complexity of care.

6. The standard of nursing care in this place is very poor, I have the opportunity to changed the colostomy of one of this residents but to me that colostomy was looking like it was not changed for a very long time.

7. I experienced lots of falls in a very short period of time. I noticed that some residents don't have a mobility status clear, or they have not been assess by a PT, most of those residents are high fall risk so they need to be assess regularly.

I only hope for improvement and for a better standard of care of those residents.

Thank you

regards, 

Resource Staff feedback RE: Deployment to Ellersie Gardens

As of 16 April 2020

What worked well?

- "PPE are accessible and readily available."
- "They checked everyone coming in with their temperature to make sure they are well. Showing concern with staff welfare."
- "Linda is very welcoming as well as staff in wing 1, 2, 3"
- "Enough supply of PPE"
- "Meals are provided"
- "Clinical tasks given are within scope of practice"
- "Orientation was good"
- "Supplied PPE"
- "Orientation was fine, but just a handover sheet from which we had to find out and the things by ourselves"
- "Good orientation."
- "Use and supply of PPE"

What could be improved?

- "Our first night there was not good as we expected. The R/H was not fully equipped with PPE, lucky we brought our PPE, thanks to the ACH CNMs."
- "We were lost, not knowing what to do. The R/H staff showed us around, but being in a new environment, you will get lost. With the hand sanitizer, we have to walk around looking for it."
- "We only find the sink to wash our hands in the staff toilet or the tea room. We disposed our gloves in there as well as no rubbish bins."
- "Also the soak linen bags and rubbish bags, I saw the staff dragging them from the hallway to sluice room. The rooms where the positive patient and suspect patient were, tapes were there the whole night. In the morning, I didn't see any more tapes there. ?????"
- "I was working with the staff nurse on the first night we were deployed who informed me that they were supposed to be self-Isolating as she was exposed to the positive Covid-19 resident, which was admitted to Auckland Hospital. I am not sure how accurate this was but I tried to keep physical distancing as much as I could. She said she was asked to work as there was hardly any staff left. Our shift ended well."
- "Specific tasking should be emphasised. There was no orientation during my first day. We don't even know who the nurses/HCAs are, etc."
- "It could've been better if we were told a short background of patients, especially their mobility."

Resource Staff feedback RE: Deployment to Ellersie Gardens

- "It will be helpful to put a wristband on residents specially those who wander around as it's difficult to find their room."
- "Process for obtaining scrubs"
- "Travel mileage if staff prefers to travel via own car."
- "Proper orientation of staff and location of supplies. Orientation of our roles and responsibilities."
- "Orientation regarding first day from ACH to Ellersie (taxi chit, scrub, what to do etc). Proper handover (only meds and temp check and saturation checks were handed over)"
- "Nursing tasks. It was more of patient cares and delivering tea/meals."
- "It was not organised"
- "Nobody had any idea what to do (especially RNs, HCA)"
- "Travel arrangements were not adequate. We were all put in a taxi car squashed in over the weekend."
- "Nursing assignments was poor"
- "Buddied up with HCAs. It was ok for me to do any work like patient cares, but going and doing things all of a sudden without knowing the facility, residents, their behaviours was really disappointing. HCAs were getting frustrated at us."
- "If they could give a clear picture of the routine at the start of the shift, it would have been fine."
- "Clinical tasks can be improved, travel arrangements are not adequate. Four staff travelled together in a car there and back. No social distancing"
- "Rude EG staffs, talking down on Resource Nurses"
- "Unsafe nightshift- no other night Nurses worked on 15 April night shift, aside from the deployed three (3) Resource nurses. No numbers given to call if referral is needed for emergencies etc. We were completely alone"
- "Tiresome and disappointing when no Ellersie Garden staff support provided at nightshift"
- "No proper handover - from afternoon staff (RN from Heritage Lifecare- Patrick). Wrong patient information given and no written notes given."

Resource Staff feedback RE: Deployment to Ellersie Gardens

- "Was not informed that there are no other regular staff working on shift with us. When we arrived on the site, the manager said "I don't think anybody else is coming. 3 HCAs from agency for all areas"
- "Isolated ward (COVID?) symptomatic patients need q4hr obs. One patient had a fall in the afternoon (15 April) and needing q2hrs neuro obs overnight - No instructions where and who to refer in case of urgent needs."
- "Medications are not properly handed over where to look/location."
- "Obs are needed overnight for all patients"
- "Yellow Rubbish bins are not collected and overflowing."
- "No designated nurse/staff in one area where patients are isolated"
- "Poor PPE quality"
- "Only one working pulse oximeter to use to all patients. One thermometer is shared with all patients. Not told if there are any available"

